



02/18/97

Attorney Docket No.: 1199-1-001 CIP

A3

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below under my name.

We believe that we are the original, first and sole inventors (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PROMOTION OF CENTRAL NERVOUS SYSTEM REMYELINATION USING MONOCLONAL AUTOANTIBODIES

the Specification of which

☐ is attached hereto

☒ was filed on August 8, 1996

as Application Serial No. 08/692,084

and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

<u>APPLICATION</u> <u>NUMBER</u>	<u>PRIOR FILED APPLICATION(S)</u> <u>COUNTRY (DAY/MONTH/YEAR FILED)</u>	<u>PRIORITY</u> <u>CLAIMED</u>
-------------------------------------	--	-----------------------------------

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

08/692,084-19960808

APPLICATION NO. _____	FILING DATE (DAY/MONTH/YEAR) _____	STATUS - PATENTED, PENDING, ABANDONED _____
08/236,520	29/April/1994	PENDING

We hereby appoint as my attorneys or agents the following persons: Jack Matalon, (Attorney, Registration No. 22,241); Stefan J. Klauber, (Attorney, Registration No. 22,604); David A. Jackson, (Attorney, Registration No. 26,742); Barbara L. Renda, (Attorney, Registration No. 27,626); Paul F. Fehlner, (Attorney, Registration No. 35,135); Joseph M. Homa, (Attorney, Registration No. 40,023) and Michael D. Davis, (Attorney, Registration No. 39,161) said attorneys or agents to have full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

¹⁰⁰
FULL NAME OF FIRST INVENTOR: MOSES RODRIGUEZ
RESIDENCE: Rochester, Minnesota ^{M N}
COUNTRY OF CITIZENSHIP: United States of America
POST OFFICE ADDRESS: 2402 Hillside Lane S.W.
Rochester, Minnesota 55902

SIGNATURE OF INVENTOR *Moses Rodriguez*

DATE 2/12/97

FULL NAME OF SECOND INVENTOR: DAVID J. MILLER

RESIDENCE: Fallston, Maryland

COUNTRY OF CITIZENSHIP: United States of America

POST OFFICE ADDRESS: 1501 Fallston Road
Fallston, Maryland 21047

SIGNATURE OF INVENTOR _____

DATE _____

300
FULL NAME OF THIRD INVENTOR: KUNIHICO ASAKURA

RESIDENCE: Rochester, Minnesota

COUNTRY OF CITIZENSHIP: Japan MN

POST OFFICE ADDRESS: 101 Civic Center Drive N.E.
Room 110
Rochester, Minnesota 55906

SIGNATURE OF INVENTOR ~~David J. Miller~~ Kunihiko Asakura

DATE 2/12/97



02/18/97

Attorney Docket No.: 1199-1-001 CIP #3

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As below named inventors, we hereby declare that:

Our residence, post office address and citizenship are as stated below under my name.

We believe that we are the original, first and sole inventors (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

PROMOTION OF CENTRAL NERVOUS SYSTEM REMYELINATION USING MONOCLONAL AUTOANTIBODIES

the Specification of which

☐ is attached hereto

☒ was filed on August 8, 1996

as Application Serial No. 08/692,084

and was amended on _____ (if applicable).

We hereby state that we have reviewed and understand the contents of the above-identified Specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

<u>APPLICATION</u>	<u>PRIOR FILED APPLICATION(S)</u>	<u>PRIORITY</u>
<u>NUMBER</u>	<u>COUNTRY (DAY/MONTH/YEAR FILED)</u>	<u>CLAIMED</u>

We hereby claim the benefit under Title 35, United States Code, §120 of any United States application listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in any prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NO. _____	FILING DATE (DAY/MONTH/YEAR) _____	STATUS - PATENTED, PENDING, ABANDONED _____
08/236,520	29/April/1994	PENDING

We hereby appoint as my attorneys or agents the following persons: Jack Matalon, (Attorney, Registration No. 22,241); Stefan J. Klauber, (Attorney, Registration No. 22,604); David A. Jackson, (Attorney, Registration No. 26,742); Barbara L. Renda, (Attorney, Registration No. 27,626); Paul F. Fehlner, (Attorney, Registration No. 35,135); Joseph M. Homa, (Attorney, Registration No. 40,023) and Michael D. Davis, (Attorney, Registration No. 39, 161) said attorneys or agents to have full power of substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Please address all correspondence regarding this application to:

DAVID A. JACKSON, ESQ.
KLAUBER & JACKSON
411 HACKENSACK AVENUE
HACKENSACK, NEW JERSEY 07601

Direct all telephone calls to David A. Jackson at (201) 487-5800.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR: MOSES RODRIGUEZ
RESIDENCE: Rochester, Minnesota
COUNTRY OF CITIZENSHIP: United States of America
POST OFFICE ADDRESS: 2402 Hillside Lane S.W.
Rochester, Minnesota 55902

SIGNATURE OF INVENTOR _____

DATE _____

200
FULL NAME OF SECOND INVENTOR: DAVID J. MILLER

RESIDENCE: Fallston, Maryland

COUNTRY OF CITIZENSHIP: United States of America MD

POST OFFICE ADDRESS: 1501 Fallston Road
Fallston, Maryland 21047

SIGNATURE OF INVENTOR David J. Miller

DATE 1/17/97

FULL NAME OF THIRD INVENTOR: KUNIHICO ASAKURA

RESIDENCE: Rochester, Minnesota

COUNTRY OF CITIZENSHIP: Japan

POST OFFICE ADDRESS: 101 Civic Center Drive N.E.
Room 110
Rochester, Minnesota 55906

SIGNATURE OF INVENTOR _____

DATE _____



#3

Applicant or Patentee: Moses Rodriguez; David J. Miller; and Kunihiro Asakura

Application or Patent No.: 08/692,084

Filed or Issued: August 8, 1996

For: MAYO FOUNDATION FOR MEDICAL RESEARCH

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 C.F.R. §§ 1.9(f) AND 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below:
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Acorda Therapeutics

ADDRESS OF CONCERN 145 West 58th Street, Apt. 8J

New York, New York 10119

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 C.F.R. § 121.12, and reproduced in 37 C.F.R. § 1.9(d), for purposes of paying reduced fees under Sections 41(a) and 41(b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average, over the previous fiscal year of the concern, of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention entitled PROMOTION OF CENTRAL NERVOUS SYSTEM REMYELINATION USING MONOCLONAL AUTOANTIBODIES by inventor(s) Moses Rodriguez; David J. Miller; and Kunihiro Asakura described in

- ☐ the specification filed herewith
☒ Application No. 08/692,084, filed August 8, 1996
☐ Patent No. _____, issued _____

If the rights held by the above-identified small business concern are not exclusive, each individual, concern, or organization having rights to the invention is listed below,* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. § 1.9(c), or by any concern that would not qualify as either a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27.)

NAME MAYO FOUNDATION FOR MEDICAL RESEARCH

ADDRESS 200 First Street, SW, Rochester, Minnesota 55905

☐ individual ☐ small business concern ☒ nonprofit organization

NAME _____

ADDRESS _____

☐ individual ☐ small business concern ☐ nonprofit organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earlier of the issue fee and any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b).)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Ron Cohen, M.D.

TITLE OF PERSON OTHER THAN OWNER President

ADDRESS OF PERSON SIGNING 145 West 58th Street, Apt. 8J

New York, New York 10119

SIGNATURE _____

Ron Cohen

DATE _____

11/1/96

0369204-02697



02/18/97

Patent
Attorney's Docket No. 1199-1-001 CIPApplicant or Patentee: Moses Rodriguez; David J. Miller; and Kunihiro AsakuraApplication or Patent No.: 08/692,084Filed or Issued: August 8, 1996For: PROMOTION OF CENTRAL NERVOUS SYSTEM REMYELINATION USING MONOCLONAL AUTOANTIBODIES**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 C.F.R. §§ 1.9(f) AND 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION MAYO FOUNDATION FOR MEDICAL RESEARCHADDRESS OF ORGANIZATION 200 First Street, SW, Rochester, Minnesota 55905

TYPE OF ORGANIZATION

- ☐ University or other institution of higher education
- ☐ Tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3))
- ☒ Nonprofit scientific or educational under statute of state of The United States of America
(Name of state _____)
(Citation of statute _____)
- ☐ Would qualify as tax exempt under Internal Revenue Service Code (26 U.S.C. §§ 501(a) and 501(c)(3)) if located in The United States of America
- ☐ Would qualify as nonprofit scientific or educational under statute of The United States of America if located in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. § 1.9(e) for purposes of paying reduced fees under Sections 41(a) and 41(b) of Title 35, United States Code, with regard to the invention entitled PROMOTION OF CENTRAL NERVOUS SYSTEM REMYELINATION USING MONOCLONAL AUTOANTIBODIES by inventor(s) Moses Rodriguez; David J. Miller; and Kunihiro Asakura described in

- ☐ the specification filed herewith
- ☒ Application No. 08/692,084, filed August 8, 1996
- ☐ Patent No. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above-identified invention.

If the rights held by the above-identified nonprofit organization are not exclusive, each individual, concern, or organization having rights to the invention is listed below,* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an individual inventor under 37 C.F.R. § 1.9(c), or by any concern that would not qualify as either a small business concern under 37 C.F.R. § 1.9(d) or a nonprofit organization under 37 C.F.R. § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern, or organization having rights to the invention averring to their status as small entities. (37 C.F.R. § 1.27.)

FULL NAME ACORDA THERAPEUTICS

ADDRESS 145 West 58th Street, Apt. 8J, New York, New York 10019

☐ individual ☒ small business concern ☐ nonprofit organization

FULL NAME _____

ADDRESS _____

☐ individual ☐ small business concern ☐ nonprofit organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earlier of the issue fee and any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. § 1.28(b).)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Rick F. Colvin

TITLE IN ORGANIZATION Assistant Treasurer

ADDRESS OF PERSON SIGNING 200 First Street SW, Rochester, Minnesota 55905

SIGNATURE

Rick F. Colvin

DATE

11/1/96